

# PARTICIPANT SURVEY

Your feedback is important to us — please take a moment to complete this brief survey. You may also complete it online by visiting [www.carlsbadconnect.org](http://www.carlsbadconnect.org), click on Customer Survey.

Class Date: \_\_\_\_\_ Class: \_\_\_\_\_ Time of Class: \_\_\_\_\_ Instructor: \_\_\_\_\_

## Please rate the following:

### The overall quality of the class

Excellent      Good      Fair      Poor      if "fair" or "poor" please tell us how we can improve.

### The overall learning experience while participating in this class

Excellent      Good      Fair      Poor      if "fair" or "poor" please tell us how we can improve.

## Please rate your level of satisfaction with the following:

### Overall customer service you received

Very satisfied      Satisfied      Dissatisfied      Very dissatisfied

### How well the class provided a fun, safe community experience

Very satisfied      Satisfied      Dissatisfied      Very dissatisfied

### The level of respect and courtesy you and/or your child were treated with while participating in this class

Very satisfied      Satisfied      Dissatisfied      Very dissatisfied

### Instructor's preparedness and punctuality for class

Very satisfied      Satisfied      Dissatisfied      Very Dissatisfied

### Instructor's knowledge and ability to present material

Very satisfied      Satisfied      Dissatisfied      Very Dissatisfied

### How well instructor presented information provided in the class description

Very satisfied      Satisfied      Dissatisfied      Very Dissatisfied

### The amount of space used to conduct your lesson

Very satisfied      Satisfied      Dissatisfied      Very Dissatisfied

### How responsive the instructor was to participants needs and questions

Very satisfied      Satisfied      Dissatisfied      Very Dissatisfied

### The safety of the class

Very satisfied      Satisfied      Dissatisfied      Very Dissatisfied

## What is the main reason you chose to participate in this class/program? (Check one)

- |   |   |
|---|---|
| <input type="checkbox"/> To enhance general knowledge (lifelong learning) | <input type="checkbox"/> Special interest (hobby) |
| <input type="checkbox"/> To try something new                             | <input type="checkbox"/> Meet new people          |
| <input type="checkbox"/> To learn new skills                              | <input type="checkbox"/> Just for fun             |
| <input type="checkbox"/> To help with school/career                       | <input type="checkbox"/> Other: _____             |

## How did you hear about this class? (circle)

Advertisement	Community Service Guide	Direct Mail	E-mail	Flyer
Newspaper	School News	Sign/Banner	Website	Word of Mouth
Other: _____				

Additional Comments: \_\_\_\_\_

# AQUATICS

